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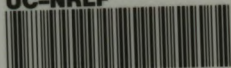
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A SCHEMA FOR THE CLINICAL STUDY OF MENTALLY AND EDUCATIONALLY UNUSUAL CHILDREN

BY

UNIV. OF
CALIFORNIA

J. E. WALLACE WALLIN, PH. D.

*Director-elect of the Psycho-Educational Clinic in the
St. Louis Public Schools*

BRING CHAPTER XIX OF THE MENTAL
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A SCHEMA FOR THE CLINICAL STUDY OF MENTALLY AND EDUCATIONALLY UNUSUAL CHILDREN

The scientific study of the educationally exceptional child should follow a definite plan of procedure and should be sufficiently comprehensive to include an investigation of all the important intrinsic and extrinsic factors which may mar his development. A complete investigation should include the study of the child's developmental, family, hereditary and school histories, an investigation of his past and present social and physical environment, and an examination of his present physical condition and anthropometric, educational and psychological status. A completely satisfying investigation thus requires the co-operation of the social and hereditary worker, the teacher, the medical expert and the psycho-educational clinician.

The following schema is offered as a guide to the scientific examination of mentally abnormal children. It may be used in either of two ways. First, the various forms may be reprinted on separate blanks with appropriate vacant spaces, to be filled in by the investigator. The chief objection to this plan is probably financial: blanks are expensive, and in few cases will it be possible to fill out *all* the spaces, while in many cases it will not be necessary to do so. Second, the investigator may thoroughly familiarize himself with the contents of the various forms,

and follow them as a systematic and comprehensive guide to his investigation; but instead of entering the data on printed blanks he may write up a 'running history,' giving the essential facts of the case, on blank sheets. Whether the one plan or the other is followed, it is desirable that every investigator should append a brief summary of his findings and recommendations.

~~It cannot be too~~ forcibly impressed upon social, field and laboratory investigators of children that parents and ~~relatives or any from whom~~ bio-social data are sought—must be approached with much tact and judgment. Gathering hereditary, personal and social data is, at best, a very delicate undertaking, subject to many errors, and many investigators fail utterly to secure, or otherwise they pervert, the significant factors, either because they do not know how to approach parents so as to win their confidence and put them in a communicative attitude, or because they suggest answers by their indiscreet use of leading questions. While, therefore, a 'guide' will prove of the greatest value to child investigators, they must know above all else how to use the guide with tact, common sense and discriminating intelligence.

Social and hereditary investigators must also be cautioned against drawing premature or unjustifiable conclusions from hearsay evidence. They must accustom themselves to weigh reports very carefully, and to verify them in every way possible. There is a large amount of work done today in heredo-biology, heredo-psychology and social investigation which is careless, unscientific and worthless. Do not conclude that someone was feeble-minded or insane simply because someone reported him to be 'slow,' 'stupid,' 'feebly-gifted' or as acting 'queerly.' Do not conclude that a child is feeble-minded simply

because he appears stupid or feeble-minded to you, or because he happens to test three years, or even four or five years, retarded. Science cannot be founded on guess-work. Gather all possible facts bearing on your case, and avoid hasty generalizations. It is rather for the trained specialist to supply the diagnoses.

It need scarcely be said that when the same person gathers the developmental, hereditary and school data, it is not necessary to re-record on each blank the identical facts called for in the different blanks unless there is a discrepancy in the statements.

FORM I

DEVELOPMENTAL HISTORY

No.	Diagnosis	Source of data	Date
Full name	Age: date of birth		
yrs.	mos.	Address (with 'phone)	Father's
name	Mother's name		Guardian's
name	By whom referred for investigation		

(Underscore appropriate words, and fill in other data)

CONCEPTIVE CONDITIONS: diseases, syphilis, gonorrhea, tuberculosis, scrofula, alcohol, drugs, health, overwork, starvation, fright, accidents, anxiety, excitement, aversion, etc., before or at time of conception in mother
in father

PREGNANCY CONDITIONS: above data for mother during pregnancy. Also pelvic diseases, attempts at abortion, 'maternal impressions,' legitimacy of child

BIRTH CONDITIONS: premature (how much) full term,
weight labor normal, prolonged (how long) or
difficult; delivery with instruments or anesthesia; difficult animation, breathing or crying, cyanosis; injury or deformity (especially of head) or paralysis; inability to suckle

GROWTH CONDITIONS: nursed (by whom, how long)
Bottle fed (how long, what) What fed when
weaned Sickly as baby or child First

teeth, when (any fever or illness)	Second teeth,
when	Fontanel, closed when
crawled, when	First
Walked (unsupported steps), when	Stood alone, when
when	Ran well, when
when	Talked—single words correctly applied,
when	Short phrases, when
sentences, when	Complete
since when, circumstances	Specific speech defects, what,
when	Able to hold or grasp well,
of tidy habits), when	Control of fundamental reflexes (acquisition
Of menstruation (difficult)	Beginning of puberty

DISEASES AND ACCIDENTS (age, attributed cause, severity, subsequent effects, recovery): measles, smallpox, whooping cough, scarlatina, scarlet fever, mumps, diphtheria, cerebro-spinal meningitis, infantile paralysis, rickets, malnutrition, inanition, scrofula, swollen glands, adenoids, enlarged tonsils, nose, eyes, ears, nervousness, muscular twitches, where chorea, periodical headaches, fainting spells, convulsions (infantile or epileptic, with data) enuresis (nocturnal or diurnal), falls, injuries, orthopedic deformities, pubertal or menstrual troubles Vaccinated, when, effects Hospital or surgical record M. D.'s by whom examined or treated Diagnoses by different M. D.'s

HABITS: sleep (past and present): hours of retiring and arising sound, restless, insomnia (cause). Drinking: tea, coffee, wine, beer, whisky; drugs (how much, how frequently) Appetite: hearty, poor, capricious, gluttonous, food preferences, usual menu Chews or smokes: cigarettes, cigars, pipe. Excessive indulgence in sweets Masturbates, sexually immoral or perverse.

MENTAL AND PHYSICAL PECULIARITIES IN INFANCY AND CHILDHOOD (age first observed, parents' explanation): queer or bizarre ideas, action, behavior, speech, disposition Fits of crying or laughing, with or without cause Outbreaks, tantrums, continuous or periodic Night terrors, sleep-walking Morbid fears Criminal, intemperate, immoral or destructive tendencies Running away Solitude or company preferred Shut-in, solitary disposition Playing or seeking younger or older persons or opposite sex Dull, stupid, lazy, indifferent, bright, talented, precocious (with facts)

RECORD OF DELINQUENCIES (with ascribed causes, institutional, court and probation records):

AGENCIES which have previously been interested in this child:

ADDITIONAL REMARKS:

RECOMMENDATIONS (by whom):

RESULTS OF FOLLOWING RECOMMENDATIONS (as reported later):

SIGNATURE:

FORM II

FAMILY AND HEREDITARY HISTORY

No.	Diagnosis	Source of data	Date
Full name		Born, where	Age: date of
birth	yrs.	mos.	Lives with at
(street, with 'phone)		Name, with birthplace, nationality	
and religion of father		of mother	
Language spoken at home			Order of child's
birth	no. of sisters, alive	dead	of brothers,
alive	dead	Age of father at child's birth	of mother
Blood relationship between parents			Parents living
apart, together, divorced.	Occupation and weekly earnings of father		
of mother	of other children	of child	
Health, morals, habits, diseases, sexual habits, etc., prior to birth of			
child, of father	of mother (see Form I)		

FAMILY CHART

Subject	Present		Cause of Death	Consanguinity	Normal	Criminal Tendencies	Pauperism	F.M.	Epileptic	Insane	Institutions, or hospitals	Alcoholic	DISEASES			Sex. Im.	Schooling	Traits*	Comm. Stand.†
	Age	Health											Nervous	Gen-eral	Venereal				
Child's father.....																			
Child's mother.....																			
Child's brothers.....																			
Child's sisters.....																			
Father's father.....																			
Father's mother.....																			
Father's brothers.....																			
Father's sisters.....																			
Mother's father.....																			
Mother's mother.....																			
Mother's brothers.....																			
Mother's sisters.....																			
Others.....																			

*Including stillbirths, miscarriages and abortions. *Including convulsions, fainting spells, chorea, paralysis, apoplexy, meningitis, neurasthenia, sick headache, hypochondria, excessive coffee, tea, alcohol or drug habits. *Including scrofula, rheumatism, gout, heart disease, scarlet fever, smallpox, diphtheria, typhoid, goitre, tuberculosis, cancer. *Sexual immorality and sex perversions. *Extent of schooling, failures and successes, illiteracy. *Mental traits and peculiarities in childhood and adulthood (see Form I). Any special talents (in what). Dull, stupid, retarded, precocious. *Community standing, or social status.

RECOMMENDATIONS:
SIGNATURE:

FORM III

HOME AND NEIGHBORHOOD ENVIRONMENT

No.	Diagnosis	Source of data	Date
Full name	Age: date of birth		
ys.	mos.	Address (with 'phone)	Lives
with	Parents' address, if different		
Father's name	Mother's name		
Parents alive	Parents living together		
If separated, divorced or deserted. Guardian's name and address			
	Child's birthplace	Language spoken in home	
Referred for investigation by			
Successive places of residence (with sanitary, hygienic and moral conditions of each)			

PRESENT HOME INFLUENCES

(Underscore appropriate words, and fill in other relevant data)

FINANCIAL: rich, moderate, poor, impoverished, poverty-stricken, charity case. Weekly earnings of father mother children Breadwinners, who Influence of financial conditions on child's care

Food: quantity	quality	DRINKS:
what	how often	No. of meals
(typical menus)		

CLOTHING: ample, insufficient, shabby, soiled, tasteless, immodest (effect on child)

BATHING: frequency

HOUSING: flat, tenement, house; no. of rooms of bedrooms bathroom no. of lodgers in family of boarders Clean, bright, sunshiny, artistic, attractive, dark, dingy, damp, filthy, disordered, well or poorly ventilated. Garbage Sewerage Child's bedroom: quiet, good ventilation, light, sleeping companions, no. in room Hours of retiring and arising

HOME LIFE: excellent, tranquil, religious, moral, refined, upset, disturbed, bolsterous, raw, quarrelsome, brutal, fighting, vulgar, degrading irreligious, immoral, bad.

HOME TREATMENT: excellent, good, kindly, good care, indifferent, neglectful, poor care, parents away, petted, coddled, well or poorly disciplined, ridiculed, rebuffed, irritated, maltreated, whipped, frightened, abused, by father, mother, stepmother, siblings, guardians, etc. Overworked

CHILD'S DEPORTMENT AT HOME: excellent, good, average, poor, bad; obedient, disobedient; mischievous, quarrelsome, fights, cruel to animals or siblings or playmates, incorrigible, destructive; cheats, steals, squanders money, pawns, gambles, plays craps, deceives, lies, untrustworthy; neat, careless, indolent, immodest, immoral; runs away. Attitude toward parents, siblings, playmates, strangers
Toward reprimands and punishment How punished
Department of siblings at home

AMUSEMENTS AT HOME: what, cards, games, plays, singing, music, reading, proper, improper. How does child spend leisure time?
Chief interests at home Vacations,
when where spent

WORK: complete record of jobs, with dates, how long held, hours, pay, success, reasons for changes or discharge
Age on taking first job

RELIGIOUS DISPOSITION: religious, irreligious or indifferent. Attends church, where, how often, willingly or reluctantly
Attends Sunday school, where, how often, willingly

NEIGHBORHOOD INFLUENCES

PHYSICAL SURROUNDINGS: sanitary, insanitary, dark, smoky, filthy, slummy, densely populated, foreign population, saloons, dance halls, gambling joints, picture shows, immoral resorts.

SOCIAL ENVIRONMENT: character of chums or associates (boys, girls, adults), good, bad, vulgar, gamblers, crap players, immoral, corrupt, criminal, thieves. Belongs to clubs or gangs, as leader or follower, what kind (social, amusement, literary, predatory, criminal, etc.), effects of on child Tendencies toward loafing, vagrancy, migration. Recreation facilities of neighborhood: playgrounds, public, private, supervised, unsupervised, streets, home yard, athletic field, gymnasium, social settlement house. Seeks what kinds of amusements (games, plays, loafing, running around, ball, gambling, crap playing, immoral practices, selling papers, theaters, picture shows, etc.). Plays with boys or girls, older or younger. Attends picture shows or theaters, how often What kind of shows preferred
Effects of on child

RECOMMENDATIONS:

RESULTS OF RECOMMENDATIONS (from later investigations):

SIGNATURE:

FORM IV **SCHOOL HISTORY**

TEACHERS' REPORTS ON PEDAGOGICAL, PSYCHOLOGICAL, SOCIAL AND MORAL TRAITS

No. Diagnosis Reported by (with position)
 Date Full name Sex
 Age: yrs. mos. Birthday Address (with
 'phone) Parents' or guardian's name (and address,
 if different from child's) Nationality, language
 and religion of father mother
 Language spoken in child's home By whom referred

(Under-score appropriate words: once for 'moderate,' twice for 'marked,' and thrice for 'extreme' degree. Also fill in data in blank spaces.)

ATTENDANCE RECORD: Age on entering first school (kindergarten included)

Names of schools attended, in correct time order	Location of School	Time, from to		No. of months in attendance	Grades completed	Grades repeated
(1)						
(2)						
(3)						
(4)						

Repetition: number of months spent in each grade child has repeated

Total time (years or months) spent

repeating work

Retardation: grade in which child

should be according to age

Present grade

Amount of pedagogical retardation (yrs. and mos.)

Attendance, regular or irregular, during past or present time (ascribed causes of irregularity)

PAST RECORD: character of work, conduct, disposition, traits, etc., as reported from previous teachers or specialists

PRESENT PEDAGOGICAL STATUS: *School efficiency in general:* excellent, good, fair, poor, very poor, total failure. Prospects of promotion: excellent, good, fair, poor, none. Poorest work in which branches

Best work in which branches

Special aptitudes, what	Greatest interests, or likes, in
school work	Greatest dislikes
Pedagogical traits in which strongest	In which
most deficient	<i>Learning capacity:</i> is child good
or poor in ability to observe	to concentrate
to memorise (mechanically, logically, understandingly)	
to retain	to express orally or in writing
form habits	to adapt self to new or changing situations,
conditions or emergencies	to think, judge, reason, under-
stand	to do independent work
to direct	to originate, invent
head (easily confused)	to keep a level
memorising, reasoning, imitation, reading, being told, doing or	Learns best by repetition, rote,
experimenting for self (hit or miss). <i>Accomplishments:</i> in reading:	
knows alphabet (letters not known)	reads in what
reader	how well
words, long words, spells out words	reads at sight, syllables, short
counts, how far	In <u>arithmetic:</u>
	subtrac-
tion	Ability in addition,
problems	multiplication
concrete or abstract work	division
child can spell	How far advanced
<u>writing</u>	In <u>spelling:</u> sample words
<u>language work</u>	Words child cannot spell
In <u>music</u>	In <u>drawing</u>
	In <u>grammar</u>
	In <u>speaking, dramatizing</u>
	In <u>kindergarten</u>
	In <u>manual train-</u>
	<u>ing</u>
	In <u>shop work</u>
	In <u>domestic science</u>
	In <u>school gardening</u>
	In <u>gymnastics, games</u>
	Ability of brothers
	of sisters

Reported defects or capacities of mother
of father

ATTITUDE TOWARD SCHOOL WORK: interested, willing, tries, industrious, energetic, cheerful, trustworthy, lazy, slovenly, careless, shirking, despairing, diffident, non-persevering, easily wearied or fatigued, grows sleepy, dopey, disinterested, bored, inattentive, complaining.

ATTITUDE TOWARD CORRECTION, REPROOF OR PUNISHMENT: heedless, resentful, headstrong, obstinate, talks back, abusive, sensitive, cries, indifferent. Very responsive, tries to improve, takes it with good grace.

ATTITUDE TOWARD PLAYS AND GAMES: seeks or avoids games. Plays much or little. On playground Plays with boys or girls
with younger or older children

Fond of what games or plays	Plays make-believe
plays	ability to plan or lead games
Gets confused in games	Loses self-control
Behavior in games	

MENTAL, MORAL AND SOCIAL TRAITS: Circumspect, deliberate, thoughtful, thoughtless, impulsive, careless, slothful, slovenly, lazy, inert, slow, dull, stupid, apathetic, unresponsive, taciturn, reticent, diffident, retiring, bashful, quiet

Bright, talented, precocious, quick, responsive, talkative, loquacious, communicative, entertaining, boring

Cheerful, good-natured, gay, humorous, kind, affectionate, sympathetic, helpful, generous, frank, obedient

Moody, sensitive, despairing, fretful, cranky, resentful, malignant, defiant, angry, meddlesome, complaining, quarrelsome, trouble maker, brutal, fights, kicks, scolds, nags, spiteful, jealous, sullen, selfish, self-centered, proud, domineering, bossy, changeable moods, capricious disposition or character

Graceful, artistic, neat, awkward, clumsy, poor gait, poor motor control, stumbles, falls, injures self

Bold, reckless, heedless of danger, venturesome, blustering, noisy, fearsome, cowardly

Restless, fidgety, nervous, scowls, twitching movements (of what) excessive movements, emotional, excitable,

impulsive, passionate, violent

Strange or peculiar actions, habits, speech (what)

Sudden or capricious outbreaks of passion, anger, fear, destructive tendencies, love, gaiety, laughing, crying, tantrums, fits, fainting spells. Automatic actions (when excited or otherwise)

Suspicious, solitary, seclusive, shut-in, avoids company, dreamy, observant

Honest, truthful, pure, modest; dishonest, untruthful, steals, lies, profane, swears, obscene, lewd, masturbates, immoral

Any sense of shame, of difference between right and wrong, of guilt, remorse, sorrow, reverence, religion

Speech: stutters, stammers, lisps, lalls, indistinct, inarticulate, sluggish, mumbling, thick, incoherent, halting, jerky, rambling, pointless, labored; clear, fluent, logical, sensible, braggadocious, egotistical, gossipy; declaims, recites, sings

Headaches, eyestrain, holds eyes near work, mouth open, poor hearing, takes cold easily, running nose, gets sick, tired

Smokes, chews. Data from school medical record:

What special measures have been taken to overcome the child's pedagogical deficiencies?

To overcome his physical defects

His moral or social shortcomings

RESULTS OF THESE MEASURES:

RECOMMENDATIONS:

RESULTS OF FOLLOWING RECOMMENDATIONS (from later inquiries):

SIGNATURE:

FORM V

PHYSICAL AND ANTHROPOMETRIC EXAMINATION

No.	Diagnosis	Examiner	Date
Full name		Sex	Birthday
Age: yrs.	mos.	Address	Parents' or
guardian's name (and address, if different, with 'phone)			
Brought by	Referred by		

(Underscore appropriate words: once for 'moderate,' twice for 'marked,' and thrice for 'extreme' degree. Supply all relevant data in blank spaces.)

DEFECTS, DISEASES, DISORDERS AND STIGMATA

(Anatomical, physiological, neurological)

GENERAL APPEARANCE: Expression nutrition
Fat, corpulent, lean, emaciated, fair, normal.

SKIN: complexion; pallid, sallow, ashen, oily, moist, dry, leathery, wrinkled, baggy, florid, scars, birthmarks.

TEETH: carious (number, degree) roots, tartar, impacted, irregular, malocclusion, rachitic, serrated, pointed, Hutchinson's
Gums

TONGUE: thick, pointed, large, small, furrowed, enlarged papillæ.

THROAT: tonsils, enlarged, atrophied, submerged, pitted, soft, removed. Pharyngitis. Laryngitis. Mouth breather. Lymph glands. Thyroid, enlarged, atrophied. Adenoids.

PALATE: cleft, V-shaped, arched, narrow.

LIPS: normal, hare-lip, thick, thin, everted, fissured.

NOSE: deflected septum, enlarged turbinates, polypi, rhinitis, broad base, sunken bones, squat, mongoloid, cretinoid.

EYES: acuity, R L Astigmatism Small palpebral fissure, exophthalmos, choked disc, scotoma, hemiopia, irregular or eccentric pupils, ptosis, oblique mongolian, epicanthus.

Nystagmus, strabismus, diplopia, accommodation to light to distance
Argyll-Robertson

Iris, color, R L Wearing proper or improper glasses

EARS: acuity, R L Rinne Otitis media,
R L Impacted cerumen, perforated drum, otorrhea.

Large, small, Darwinian tubercle, lobule absent, fossæ absent or irregular, pinna (size, shape) asymmetries

FACE: immobile, mobile; forehead, Bombé, receding, low or narrow; prognathous jaws, asymmetries

HEAD: hydrocephalic, macrocephalic, microcephalic, rachitic, syphilitic, cretinoid, asymmetries. Hair: color coarse, dry, oily, scant, brittle. Pediculosis.

SHOULDERS: round, square, stooped, asymmetrical. Scaphoid scapula

SPINE: scoliosis C D L lordosis, C D L

kyphosis

CHEST: flat, rachitic, pigeon, funnel, barrel-shaped, asymmetrical.

Lungs Respiration, rate character

UPPER LIMBS:

LOWER LIMBS:

Flat foot

CIRCULATION: good, poor. Heart: dilation, murmurs, displacements.

Pulse: volume rate rhythm pressure Veins

Arteries Blood examination: red corpuscles

white corpuscles hemoglobin color index

Widal Wasserman

ALIMENTATION: appetite digestion abdomen

stomach intestines

GENITO-URINARY SYSTEM:

NEURO-MUSCULAR: tone, relaxed, flabby, tense. Corrugation, overaction of frontals. Tremors, coarse, fine, unilateral, spastic, jerky, intermittent, rhythmic, of what parts Hand balance:

relaxed, tense, drooping, asymmetrical, finger twitches Station:

relaxed, unsteady. Head balance Gait: normal, lively,

clumsy, shuffling, spastic, ataxic, waddling. Paralyzes

Contractures Fainting spells Tics

Habit spasm Convulsions Chorea

Epilepsy Hysteria Headache, migraine

Anesthesias

Reflexes: patellar, R L Clonus Babinski

Other reflexes Defective speech

OTHER DEFECTS OR STIGMATA:

ACTIVE DISEASE PROCESSES: record the diseases, and indicate whether slight or serious, of the integumentary, skeletal, muscular, nervous, nutritive, respiratory, circulatory, lymphatic, excretory and reproductive systems.

HISTORY OF DISEASES, DEFORMITIES AND ACCIDENTS, WITH PREVIOUS MEDICAL DIAGNOSES:

NAME OF EXAMINER:

PHYSICIAN'S RECOMMENDATIONS:

RESULTS OF RECOMMENDATIONS (as later ascertained):
Physician or hospital recommended:

ANTHROPOMETRIC MEASUREMENTS

Weight: lbs.	kg.	Stature, net standing (mm.)			
Sitting	Ponderal index	Statural index			
Statural type	Spread of arms				
Spirometry: 1	2	3	Chest girth (below level of axillæ):		
maximal inhalation	exhalation	normal	Vital index		
Dynamometry: R 1	2	3	L 1	2	3
measurements: circumference	height		length (antero-		
posterior diameter)	breadth		cephalic index		
Other measurements					

FORM VI

PSYCHOLOGICAL EXAMINATION

It has been deemed wise to omit a schema for conducting psychological examinations for the following reasons. First, a considerable number of graded scales for testing intelligence (particularly versions of the Binet-Simon scale) are now easily accessible in English. Second, hundreds of different psychological tests and experiments are equally accessible in the standard books dealing with psychological tests (*e.g.*, the manuals by Whipple, Franz, Titchener, Sanford, Starch, Scripture). It would be futile to attempt to print a selected list of such tests here, because the expert experimental psychologist is qualified to make his own selection, while the inexperienced psychologist (physician, nurse, teacher) would scarcely be able either properly to conduct the experiments without technical training, or elaborate explanations, or correctly to interpret the findings. Third, there is little profit in outlining a comprehensive series of tests until *reliable clinical norms* are available. Unfortunately such norms are not yet available. The fact that this is so makes it all the more

necessary that the clinical psycho-educational examiner should possess very extensive first-hand experience with many types of mentally unusual children, so that he will be able to diagnose cases fairly accurately with the aid of a minimal number of tests.

FORM VII

PEDAGOGICAL EXAMINATION

Until we have available a series of clinical pedagogical age-norms, in various school studies, established by objective tests given under standard and controlled conditions, possibly to individuals rather than to groups—such as the Courtis scores in the fundamental mathematical processes, though these are group norms—it would be of little avail to outline a schema for the pedagogical testing of the child. We have, to be sure, the pedagogical scales by Vaney and Holmes, but the former is very limited in range and not entirely appropriate to pupils trained by American school methods, while the latter has not been experimentally derived by objectively testing individual children of various ages (the method of derivation is not revealed). It is merely an abbreviated course of study for grades two to five which, it is assumed, represents the pedagogical accomplishments of normal children. Until we possess satisfactory pedagogical age scales of development, it will be necessary to use (but with discriminating judgment) the school record of the child (*Form IV*).

FORM VIII

SUMMARY OF IMPORTANT FINDINGS

It is very desirable that social or field workers epitomize for the busy examiner the chief findings. This blank should be comprehensive, yet very brief: it should contain only the data which seem to have an important bearing on the case, which are important for diagnosis and prognosis. It may also include the chief results of the physical, anthropometric and psychological examinations, the final (or at least the provisional) diagnosis, the recommendations, a record of treatment, the results of treatment, and the final disposition of the case.

The question naturally arises whether it is necessary or indeed desirable to make such an exhaustive investigation of each case as that contemplated by the above schema.

The answer is that it is usually desirable, but not always necessary or possible to do so. Unless the clinician has at his command the necessary staff of assistants he must content himself with a far less thorough investigation. He should, however, at all times attempt to secure a certain *minimum* of data which bear significantly upon psycho-educational cases. Such a minimum is represented, I believe, by the following abbreviated record blank. It is reproduced from the routine blanks which have been in constant use in my clinic for several years.

FORM IX

ABRIDGED RECORD BLANK

Child's name (with street and city address and 'phone)
 Parents' names (with address and 'phone, if different)
 Referred by Brought by Date
 Data secured from Recorded by
 Exact age: date of birth Age in yrs. and mos.
 Place of birth Nationality of father of mother
 Language spoken at home

I. PEDAGOGICAL RECORD

School now in All schools attended, in correct time
 order, with dates
 Age on entering first school (including kindergarten)
 Number of years (or months) in school Present grade
 In what grade should child be according to age Years
 retarded Number of years (or months) in each grade
 (including kindergarten)
 Grades repeated (indicate whether one, two or three years)
 Will child be promoted this year Attendance
 Greatest capacities, abilities or talents shown in school work (best
 subjects) Greatest interests
 Greatest deficiencies, worst faults, poorest school subjects
 Physical, mental and moral characteristics, disposition, deportment
 Other comments by teachers
 School medical inspection record
 School record of brothers and sisters

II. HOME AND ENVIRONMENTAL CONDITIONS

Parents alive	Living together	Breadwinner
(who)	Financial conditions	Home sanitary,
well ventilated, clean	In house, tenement, shack, apart-	
ment	In good or bad (slummy or immoral) neighbor-	
hood	Social or moral conditions in home	
Home treatment (child neglected, cruelly or kindly treated, well	What does child usually eat	
cared for)		
What does child drink	Hours of retiring and	
arising	Does child keep bad company	

III. CHILD'S DEVELOPMENTAL HISTORY

Birth conditions: on time	premature (how much)	
Labor, how long	With instruments	Birth
injuries	How nursed (length)	
Health as babe	Infant and child diseases (state age,	
severity, after effects): Croup	Whooping cough	
Chicken-pox	Measles	Diphtheria
fever	Typhoid	Pneumonia
gitis	Infant paralysis	C.-s. menin-
Enuresis	Accidents	Spasms (describe)
and diagnoses given	By whom previously examined	
First teeth, when (any illness)	Fontanel closed	
First stood alone	First sat up	First steps unsup-
ported	First walked unsupported	First used single
words	Short phrases or sentences	

Mental and physical peculiarities in infancy and childhood (age first observed): queer or unusual behavior, talk or ideas; emotional fits or outbreaks, fears, night terrors, destructive, disobedient, vagrancy, truancy, veracity, delinquencies, bad sex habits, social traits, play tendencies, stupid, sluggish, quick, bright

IV. HEREDITARY FACTORS

Health, habits, diseases, drink, etc., of *father* and *mother* before and during conception

Pregnancy conditions (overwork, poor health, infection, drink, abuse, starvation, etc.)

Age of mother at child's birth	of father	Parents
related		

	Alive	Dead (causes)	Premature	Still-born	Order of child's birth
Number of Sisters					
Number of Brothers					

Give facts in regard to the following defects, conditions or diseases found in the child's brothers, sisters, mother, father, maternal and paternal great-grandparents, grandparents, aunts, uncles, first and second cousins, etc.:

Relation- ship to child	Nervous	Mentally queer	F.-M.	Epileptic	Insane	Alcoholic	Criminal	Sexually immoral	Diseases (what)	Death Cause Age	Normal

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